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Authorized Signature James Murghy

Typed or printed name James 5. Murphy

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number FRADENA DE on 12/08/2004. Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). Fees pursuant to the Application Number 10/792,095 FEE TRANSMITTA Filing Date March 3, 2004 For FY 2005 First Named Inventor John H. Bosshart **Examiner Name** Frantz F. Jules Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3617 TOTAL AMOUNT OF PAYMENT (\$) 1400.00 Attorney Docket No. 031432.000247 METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-0821 Deposit Account Name: Thompson & Knight For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 200 100 Utility 250 200 100 130 65 100 Design 50 200 300 160 80 100 Plant 150 Reissue 300 150 500 250 600 300 200 0 Provisional 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) <u>Fee (\$)</u> Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets (round up to a whole number) x - 100 = / 50 =

SUBMITTED BY			
Signature	James A Murghey	Registration No. (Attorney/Agent) 34, 503	Telephone (214) 969-1749
	James J. Murphy		Date November 23 2005

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